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Governor



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***QUARTERLY REPORT
(ICESA)
FILE FORMAT GUIDE***

(REV. 10/24/2013)

ICESA File Layout

The ICESA file layout consists of six records. They are:

- | | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A Record = Transmitter Record | Contains information regarding the organization transmitting the file. |
| B Record = Authorization Record | Contains data regarding the specifics of the transmission |
| E Record = Employer Record | Contains specific employer information such as the name, account number etc. |
| S Record = Employee Record | Contains specific employee information such as social security number, wages earned etc. |
| T Record = Total Record | Contains the totals for a specific employer such as total wages paid, excess wages, taxable wages, interest due, payment due etc. |
| F Record = Final Record | Contains information indicating total number of employers, employees and wages in the file. |

For a single employer filer, the output records will be organized as follows:

A,B,E,S,S,...,S,T,F

For Multiple employer account filers the output will be organized as:

A,B,E,S,S,...,S,T,E,S,S,...,T,E,S,S,...,T,F

Note: In Illinois, each record is 276 fields long, with the last field assumed blank.

RECORD NAME: A = TRANSMITTER RECORD**LENGTH 276**

TYPE: A/N = Alpha/numeric, left justified blank filled
N = Numeric, right justified, zero filled, unsigned. Do not include decimal in dollar fields

Location	Field Name	Field Length	Type	Description
1 - 1	Record Identifier	1	A/N	Constant "A"
2 - 5	Year	4	A/N	Enter year for which report is being prepared
6 - 14	Transmitter's Federal EIN	9	A/N	Transmitter's Federal Employer ID Number, enter only numeric characters, omit hyphens, prefixes and suffixes
15 - 18	Taxing Entity Code	4	A/N	Constant "UTAX"
19 - 23	Blank	5	A/N	Enter Blanks
24 - 73	Transmitter's Name	50	A/N	Enter the name of the organization submitting the file
74 - 113	Transmitter's Street Address	40	A/N	Enter the street address of the organization submitting the file
114 - 138	Transmitter's City	25	A/N	Enter the city of the organization submitting the file
139 - 140	Transmitter's State	2	A/N	Enter the standard two character FIPS postal abbreviation
141 - 153	Blank	13	A/N	Enter Blanks
154 - 158	Transmitter's Zip Code	5	A/N	Enter a valid zip code
159 - 163	Transmitter's Zip Code Extension	5	A/N	Enter the four digit extension of the zip code being sure to include the hyphen in position 159; if N/A, enter blanks
164 - 193	Transmitter Contact	30	A/N	Title of individual from the transmitting organization who is responsible for the accuracy and completeness of the quarterly report
194 - 203	Transmitter Contact Telephone Number	10	A/N	Telephone number where the transmitter contact can be reached

RECORD NAME: A = TRANSMITTER RECORD**LENGTH 276**

204 - 207	Transmitter Contact Telephone Extension	4	A/N	Enter the transmitter telephone extension or message box
208 - 213	Authorization Number	6	A/N	Identifier assigned to the entity transmitting the tape or cartridge (Not used at this time)
214 - 214	C S Data	1	A/N	Not used by IDES
215 - 219	Suffix Code	5	A/N	Not used by IDES
220 - 220	Allocation Lists	1	A/N	Not used by IDES
221 - 229	Service Agent LD	9	A/N	Not used by IDES
230 - 242	Total Remittance Amount	13	A/N	Not used by IDES
243 - 250	Media Creation Date	8	A/N	Enter date:MMDDYYYY
251 - 276	Blank	26	A/N	Enter Blanks

RECORD NAME: B = AUTHORIZATION RECORD**LENGTH 276**

TYPE: A/N = Alpha/numeric, left justified blank filled
N = Numeric, right justified, zero filled, unsigned. Do not include decimal point in dollar fields.

Location	Field name	Field Length	Type	Description
1 - 1	Record Identifier	1	A/N	Contact "B"
2 - 5	Payment Year	4	A/N	Enter the year for which this report is being prepared
6 - 14	Transmitter's Federal EIN	9	A/N	Enter only the numeric characters omit hyphens, prefixes and suffixes
15 - 22	Computer	8	A/N	Enter the manufacturer's name Diskettes enter blanks
23 - 24	Internal Label	2	A/N	SL = IBM Standard Label (Cartridge) Diskettes enter blanks
25 - 25	Blank	1	A/N	Enter a blank
26 - 27	Density	2	A/N	38=38,000 BPI IBM 3480/3490 Cartridge 76=76,000 BPI IBM 3490E Cartridge Diskettes enter blanks
28 - 30	Recording Code	3	A/N	EBC = EBCDIC (cartridge) ASC = ASCII (diskette)
31 - 32	Number of Tracks	2	A/N	18=38,000 IBM 3480/3490 Cartridge 36=76,000 IBM 3490E Cartridge Diskettes enter blanks
33 - 34	Blocking Factor	2	A/N	Enter the blocking factor less than or equal to 85 Diskettes enter blanks
35 - 38	Taxing Entity Code	4	A/N	Constant "UTAX"

RECORD NAME: B = AUTHORIZATION RECORD**LENGTH 276**

39 - 146	Blank	108	A/N	Enter Blanks
147 - 190	Organization Name	44	A/N	The name of the organization to which the cartridge will be returned
191 - 225	Street Address	35	A/N	The street address where the cartridge should be returned
226 - 245	City	20	A/N	The city of the organization to which the cartridge should be returned
246 - 247	State	2	A/N	Enter the standard two character FIPS postal abbreviation
248 - 252	Blank	5	A/N	Enter Blanks
253 - 257	Zip Code	5	A/N	Enter a valid zip code
258 - 262	Zip Code Extension	5	A/N	Enter four digit extension of zip code being sure to include the hyphen in position 258; if N/A, enter blanks
263 - 264	Filing Type	2	A/N	MC = Magnetic Cartridge D3 = 3½ Diskette ED = Modem
265 - 276	Blanks	12	A/N	Enter blanks

RECORD NAME: E = EMPLOYER RECORD**LENGTH 276**

TYPE: A/N = Alpha/numeric, left justified blank filled
N = Numeric, right justified, zero filled, unsigned. Do not include decimal points in dollar fields

Location	Filed Name	Field Length	Type	Description
1 - 1	Record Identifier	1	A/N	Constant E
2 - 5	Payment Year	4	A/N	Enter the year for which the report is being prepared
6 - 14	Federal EIN	9	A/N	Enter only numeric characters omit hyphens, prefixes & suffixes
15 - 23	State/Local	9	A/N	Not used by IDES
24 - 73	Employer Name	50	A/N	The first 50 characters of the employer's name, exactly as the employer is registered with the State Unemployment Insurance Agency
74 - 113	Employer Street Address	40	A/N	The street address of the employer
114 - 138	Employer City	25	A/N	The city of employer's mailing address
139 - 140	Employer State	2	A/N	Enter the standard two character FIPS postal abbreviation of the employer's address
141 - 148	Blanks	8	A/N	Enter Blanks
149 - 153	Zip Code Extension	5	A/N	Enter the four digit extension of zip code, being sure to include the hyphen in position 149; if N/A, enter blanks
154 - 158	Zip Code	5	A/N	Enter a valid zip code
159 - 159	Name Code	1	A/N	Not used by IDES
160 - 160	Type of Employment	1	A/N	Not used by IDES
161 - 162	Blocking Factor	2	A/N	Enter blocking factor as less than or equal to 85 Diskettes enter blanks
163 - 166	Establishment Number or Coverage Group/PRU	4	A/N	Not used by IDES

RECORD NAME: E = EMPLOYER RECORD**LENGTH 276**

167 - 170	Taxing Entity Code	4	A/N	Constant "UTAX"
171 - 172	State Identifier	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. In Illinois FIPS=17
173 - 179	State UI Employer Account Number	7	N	Enter State UI employer account number
180 - 187	Blank	8	A/N	Enter Blanks
188 - 189	Reporting Period	2	A/N	Enter the last month of the calendar quarter to which the report applies 03 = First quarter 06 = Second quarter 09 = Third quarter 12 = Fourth quarter
190 - 190	No Workers/No Wages	1	N	0 = Indicates that the E record will not be followed by S, employee record 1 = Indicates that the E record will be followed by S, employee record
191 - 191	Tax Type Code	1	A/N	T = Taxable employer R = Reimbursable employer
192 - 196	Taxing Entity Code	5	A/N	Not used by IDES
197 - 203	State Control Number	7	A/N	Not used by IDES
204 - 208	Unit Number	5	A/N	Not used by IDES
209 - 254	Blank	46	A/N	Enter blanks
255 - 255	Limitation of Liability Indicator	1	A/N	Not used by IDES
256 - 256	Foreign Indicator	1	A/N	Not used by IDES
257 - 257	Blank	1	A/N	Enter a blank
258 - 266	Other FEIN	9	A/N	Not used by IDES
267 - 267	Report Type	1	A/N	O = Original S = Supplemental (Not used at this time)

RECORD NAME: E = EMPLOYER RECORD

LENGTH 276

268 - 269	Report Number	2	A/N	When filing supplemental reports enter the (number of the report/total reports) e.g. 1/4 (1 of 4 reports), 2/4 (2 of 4 reports) (Not used at this time)
270 - 276	Blanks	7	A/N	Enter blanks

RECORD NAME: S = EMPLOYEE RECORD

LENGTH 276

TYPE: A/N = Alpha/numeric, left justified blank filled
N = Numeric, right justified, zero filled, unsigned. Do not include decimal point in dollar fields

Location	Field Name	Field Length	Type	Description
1 - 1	Record Identifier	1	A/N	Constant "S"
2 - 10	Social Security Number	9	A/N	Employee's social security number
11 - 30	Employee Last Name	20	A/N	Enter employee last name
31 - 42	Employee First Name	12	A/N	Enter employee first name
43 - 43	Employee middle initial	1	A/N	Enter employee middle initial, if no middle initial enter blank
44 - 45	State Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported ILLINOIS = 17
46 - 49	Blanks	4	A/N	Enter Blanks
50 - 63	State Quarter Total Gross Wages	14	N	Not used by IDES
64 - 77	State Quarterly Unemployment Insurance Total Wages	14	N PIC 9(12)V99	Enter total wages paid to worker during the quarter, including all tip income
78 - 91	State Quarterly Unemployment Insurance Excess Wages	14	N	Not used by IDES
92 - 105	State Quarterly Unemployment Insurance Taxable Wages	14	N	Not used by IDES
106 - 120	Quarterly State Disability Insurance Taxable Wages	15	N	Not used by IDES
121 - 129	Quarterly Tip Wages	9	N	Not used by IDES
130 - 131	Number of weeks worked	2	A/N	Not used by IDES
132 - 134	Number of hours worked	3	A/N	Not used by IDES
135 - 142	Blanks	8	A/N	Not used by IDES
143 - 146	Taxing Entity Code	4	A/N	Constant "UTAX"

RECORD NAME: S = EMPLOYEE RECORD

LENGTH 276

147 - 153	State Unemployment Insurance Account Number	7	N	Enter the state unemployment account number
154 - 161	Blank	8	A/N	Enter Blanks
162 - 164	Unit Division Location/Plant Code	3	N	Enter the plant code if applicable
165 - 176	Blank	12	A/N	Enter Blanks
177 - 190	State Taxable Wages	14	N	Not used by IDES
191 - 204	State Income Tax Withheld	14	N	Not used by IDES
205 - 206	Seasonal Indicator	2	A/N	Not used by IDES
207 - 207	Employer Health Insurance Code	1	A/N	Not used by IDES
208 - 208	Employee Health Insurance Code	1	A/N	Not used by IDES
209 - 209	Probationary Code	1	A/N	Not used by IDES
210 - 210	Officer Code	1	A/N	Not used by IDES
211 - 211	Wage Plan Code	1	A/N	Not used by IDES
212 - 212	Month 1 Employment	1	A/N	Not used by IDES
213 - 213	Month 2 Employment	1	A/N	Not used by IDES
214 - 214	Month 3 Employment	1	A/N	Not used by IDES
215 - 220	Reporting Quarter and Year	6	N	Enter the last month and year for the calendar quarter for which this report applies, e.g., "031997" for Jan-Mar of 1997.
221 - 226	Month and Year First Employed	6	A/N	Not used by IDES
227 - 232	Month and Year of Separation	6	A/N	Not used by IDES
233 - 276	Blanks	44	A/N	Enter Blanks

RECORD NAME: T = TOTAL RECORD**LENGTH 276**

TYPE: A/N = Alpha/numeric, left justified blank filled
N = Numeric, right justified, zero filled, unsigned. Do not include decimal points in fields containing dollars and cents.

Location	Field Name	Field Length	Type	Descriptions
1 - 1	Record Identifier	1	A/N	Constant "T"
2 - 8	Total Number of Employees	7	N	Total number of employees reported on tape/cartridge
9 - 12	Taxing Entity Code	4	A/N	Constant "UTAX"
13 - 26	State Quarterly Gross Wages for Employer	14	N	Not used by IDES
27 - 40	State Quarterly Unemployment Insurance Total Wages for Employer	14	N PIC 9(12)V99	Quarterly gross wages paid to workers during quarter including all tip wages. Total of all "S" records since the last "E" record
41 - 54	State Quarterly Unemployment Excess Wages for Employer	14	N PIC 9(12)V99	Quarterly wages in excess of the state UI taxable wage base.
55 - 68	State Quarterly Unemployment Insurance Taxable Wages for Employer	14	N PIC 9(12)V99	Quarterly UI total wages less the quarterly state UI excess wages.
69 - 81	Quarterly Tip Wages for Employer	13	N	Not used by IDES
82 - 87	UI Tax Rate this Quarter	6	A/N	The employer tax rate for the reporting period. Decimal point followed by 5 digits. e.g. 3.1% = .03100
88 - 100	State Quarterly Contribution Due	13	N PIC 9(11)V99	UI Taxes Due
101 - 111	Previous Quarter(s) Underpayment	11	N PIC 9(9)V99	Previous underpayments (including previously due penalty and interest)
112 - 122	Interest	11	N PIC 9(9)V99	Interest Due

RECORD NAME: T = TOTAL RECORD**LENGTH 276**

123 - 133	Penalty	11	N PIC 9(9)V99	Penalty Due
134 - 144	Credit/Overpayment	11	N PIC 9(9)V99	Previous overpayment being applied to balance due
145 - 148	Employer Assessment Rate	4	A/N	Not used by IDES
149 - 159	Employer Assessment Amount	11	N	Not used by IDES
160 - 163	Employee Assessment Rate	4	A/N	Not used by IDES
164 - 174	Employee Assessment Amount	11	N	Not used by IDES
175 - 185	Total Payment Due	11	N PIC 9(9)V99	Total payment due (includes contribution due, previous overpayments, interest, and penalty minus any overpayment)
186 - 198	Allocation Amount	13	N	Not used by IDES
199 - 212	Wages subject to State Income Tax	14	N	Not used by IDES
213 - 226	State Income Tax withheld	14	N	Not used by IDES
227 - 233	Month 1 employment for employer	7	N	Total Number of employees covered by UI who worked or received pay for the pay period including the 12th day of the month
234 - 240	Month 2 Employment for employer	7	N	Total Number of employees covered by UI who worked or received pay for the pay period including the 12th day of the month
241 - 247	Month 3 Employment for employer	7	N	Total Number of employees covered by UI who worked or received pay for the pay period including the 12th day of the month

RECORD NAME: T = TOTAL RECORD**LENGTH 276**

248 - 250	County Code	3	A/N	Not used by IDES
251 - 256	Reporting Quarter and Year	6	N	Enter the last month and year for the calendar quarter for which this report applies, e.g., "031997" for Jan - March of 1997.
257 - 257	Blanks	1	A/N	Enter Blank
258 - 267	Document Control Number	10	N	Enter Document Control Number from the Quarterly Filing Notice. If unable to provide IDES with this number enter the number '1'
268 - 274	State Unemployment Insurance Account Number	7	N	Enter the State Unemployment Insurance Account Number including the leading zeros. Do not include - (hyphen) and the number after.
275 - 276	Blanks	2	A/N	Enter Blanks

RECORD NAME: F = FINAL RECORD**LENGTH 276**

TYPE: A/N = Alpha/numeric, left justified blank filled
 N = Numeric, right justified, zero filled, unsigned. Do not include decimal in fields containing dollars and cents.

Location	Field Name	Field Length	Type	Description
1 - 1	Record Identifier	1	A/N	Constant "F"
2 - 11	Total Number of Employees in file	10	N	Enter the total "S" records in the entire file
12 - 21	Total Number of Employers in File	10	N	Enter the total number of "E" records in the entire file
22 - 25	Taxing Entity Code	4	A/N	Constant "UTAX"
26 - 40	Quarterly Total Gross Wages in File	15	N	Not used by IDES
41 - 55	Quarterly State UI Total Wages in File	15	N PIC 9(13)V99	Quarterly Gross wages subject to UI Tax, Include all Tip income, total of all T records
56 - 70	Quarterly State UI Excess Wages in File	15	N PIC 9(13)V99	Quarterly wages in excess of the state UI taxable wage base, total of all T records
71 - 85	Quarterly State UI Taxable Wages in File	15	N PIC 9(13)V99	Quarterly UI gross /total wages less the excess wages, total of all T records
86 - 100	Quarterly Tip Wages	15	N	Not used by IDES
101 - 108	Month 1 Employment for employers in file	8	A/N	Not used by IDES
109 - 116	Month 2 Employment for employers in file	8	A/N	Not used by IDES
117 - 124	Month 3 Employment for employers in file	8	A/N	Not used by IDES
125 - 276	Blanks	152	A/N	Enter Blanks